

Questions the Country Studies Should Answer

Note: These are questions that each team should try to answer through observations, document review, and interviews. This is not a questionnaire that the team should follow verbatim in interviewing, since to answer some of the questions below, the a number of questions may need to be asked and discussed.

Country Profile

Name of Country:

Name of EPI Manager:

Name and Position of Focal Person for EPI Communication/Social Mobilisation:

Latest coverage % of children 12-23mos.: BCG Completed basic series Measles

National:

Highest coverage district:

Lowest coverage district:

If available, for recent polio cases identified, give age of person and previous vaccination status:

MOST OF THE FOLLOWING QUESTIONS ARE APPLICABLE AT THE NATIONAL, REGIONAL/PROVINCIAL AND DISTRICT LEVELS:

Immunization Program Status (routine, campaigns, surveillance)

Synopsis of Immunization Program as a Whole

Give a very brief history of the country's immunization program - coverage levels, strategies, antigens included, etc.

What is the current status of routine immunization services - coverage levels, strategies, antigens included, position within the MOH, political support, major partners, etc.?

Indicate how particular districts or regions differ in these?

What are the main problems/obstacles to improvement?

How are the main problems/obstacles addressed?

Is positive and negative information fed back to lower levels? If so, how?

What are the main successes/innovations?

NIDs

Give a brief history of NIDs and other campaigns related to polio eradication. What are the current activities?

What is the current status of immunization campaigns - coverage levels, strategies, antigens included, organization, political support, major partners, etc.?

What are the target groups, coverage, and dates of recent NIDs?

What are the main problems/obstacles to improvement? What are the main successes/innovations?

Surveillance

Give a brief history of surveillance for polio/AFP and other diseases.

How is it currently organized? How are cases and outbreaks detected and reported?

What is the AFP reporting rate?

How is the public engaged?

What are the main problems/obstacles to improvement? What are the main successes/innovations?

What plans are there to improve surveillance?

Human Resources for Social Mobilization/Communication

Health Staff

What people dedicate much or all of their time to social mobilization/communication support for immunization? How does this differ between routine immunization and NIDs?

Describe these people's training, experience, responsibilities, and level of effort.

How adequate are human resources at all levels for planning and managing SM/com activities? Please explain opinions.

What are vaccinators' roles in communicating with caretakers about immunization?

Coordinating with Partners

Is there an ICC that meets regularly? If yes, who are the partners?

Is there a SM/communication committee (or ICC sub-committee) that meets regularly, and who are the partners?

What does the committee do (plan, review, approve, etc.)? How effectively?

What is the role and importance of the committee in SM/communication planning for routine immunization and for NIDs?

Contracting/Outsourcing

To what extent has EPI contracted out particular tasks to research, public relations, production, or advertising firms?

If this has happened, how effective was it perceived to be? Was there a formal evaluation? If yes, what were the findings?

What are future plans for contracting out particular tasks to the same or different organisations?

Technical Assistance

What external technical assistance for SM/communication for immunization has the program received?

How does the program feel about this assistance?

What current and future needs for SM/communication do program staff perceive?

Capacity-Building

For whom are there ongoing or special activities in capacity-building to strengthen capabilities in advocacy, social mobilisation, and program communication? How effective does current training appear to be?

Is training adequately followed up through supervision and other support?

What major training needs exist in treatment of clients, counseling, communication skills such as qualitative research, message and materials design, pretesting, monitoring and evaluation? What if any plans does the EPI have to provide this training? What is the feasibility of responding to these needs?

Motivating Health Staff and Volunteers

How motivated are health staff and volunteers at various levels to support polio eradication and routine immunization?

Do they feel that PEI activities are taking time away from more important priorities?

Have there been problems with health staff requesting/demanding per diems or compensation for extra hours and work? If yes, how has the program responded?

What, if any, actions has the program taken to recognize, reward, motivate health workers and volunteers? How effective do these actions appear to be?

Social Mobilization/Communication Planning

The National SM/Communication Plan

Please describe the national EPI communication plan.

Does it cover advocacy, social mobilization, and program communication?

Does it cover all major EPI goals (routine, NIDs and supplemental immunization, surveillance)?

Does it address the need and provide a strategy/plan to communicate with communities year-round and not just on special occasions? Describe.

What activities are planned to improve the effectiveness of health workers in sustaining public participation?

Does the plan include a logical breakdown of activities involving mass media, interpersonal and other channels? Explain.

If not, what are the obstacles to progress in obtaining a good balance and what, if anything, is being tried?

Does the plan include activities at all levels -- central, regional/provincial, and district actions? Explain.

Does the plan include mechanisms for supporting regional/provincial, district, and community actions (micro-planning, decentralization of responsibilities, training, TA, funds)?

The Planning Process

Does the planning process involve all major partners? Explain.

Does the planning process involve people from provinces and districts? Explain.

Is planning done in a timely manner, or is it basically crisis planning? Explain.

Does communication planning for each NID start from scratch, or is it already in a longer-term plan? To what extent does it build on previous years' NIDs and recommendations?

Is the plan based on research re: public and health staff's KAP, motivations, and barriers? Describe any such research and its findings.

What, if any, efforts are made to coordinate immunization-related communication with communication from other health programs, in order to avoid message confusion and message overload?

Rapid Response Capabilities

Based on recent experiences and existing contingency plans, how capable is the EPI of providing an effective communication response to:

1 - outbreaks of disease?

2 - negative news such as impotent vaccine used or AEFIs?

3 - false rumors

4 - fear of over-supplementation and/or refusal of vaccination

What have the specific program responses been to rumors such as that polio vaccine causes polio, that it contains HIV/AIDS vaccine, that tetanus vaccine sterilizes women? How have vaccinators themselves reacted to such situations? How much support has the program given them?

Advocacy Activities for Immunization

What efforts have the EPI and its partners recently undertaken to promote and sustain financial and political support for immunization goals within and beyond the government? How effective have these been?

What are the obstacles to progress in advocacy and how does the program intend to overcome these obstacles?

Who plans, coordinates, and implements advocacy actions?

How effective are these advocacy actions? What is the basis of this opinion?

How are national leaders reached through advocacy?

How are potential partners reached?

How is the public in general reached?

What are the major obstacles to more effective advocacy?

What if any plans are there to improve these efforts?

What particularly effective or innovative ideas been tried? Give examples.

How capable are MOH officials at dealing with the media? Is there a strategy for dealing with the media? Has there been or is there a need for guidelines and training?

Social Mobilisation Activities

How is social mobilisation for NIDs planned and organized?

What efforts to engage various public and private partners (Rotary, other NGOs, UNICEF, the commercial private sector) in supporting immunization goals has the EPI recently undertaken?

How effective have these been?

What are the current contributions of partners for SM/communication: planning, financial, other resources, other technical assistance?

What are the obstacles to progress in SM and what actions does the program contemplate taking to overcome them?

How does SM/advocacy for NIDs compare with SM for routine immunization?

What, if any, lessons might be learned from NIDs-related communication?

What particularly effective or innovative ideas been tried? Give examples.

Program Communication Activities

What current communication activities directly support improvements in participation in routine immunization, NIDs/SNIDs/mop-up/containment, and surveillance? What are the strategies, target audiences, messages, materials?

To what extent have messages on routine immunization and surveillance been included in NIDs communications? Please give examples.

How has NIDs communication supported or hindered participation in routine immunization and surveillance?

How well does the public understand the need for supplemental immunization along with routine?

Has NIDs-related training of health workers had any impact on their performance as communicators/counselors outside of NIDs? Explain.

Have supervisors received any training, orientation, instructions or other assistance on how to observe and improve health workers'/volunteers' interactions with mothers?

Please describe any support. Please describe the interactions with mothers.

Are either the public or health workers tiring of polio campaigns? How do we know? How has the EPI responded?

How centralized or decentralized are program communication activities? What impact does this have on their effectiveness? How relevant and useful are national materials on the local level?

To what extent has SM/communication activities for NIDs supported or held back reaching routine immunization and surveillance objectives? Explain.

What if any communication planning, training, and preparation is done for mop-up immunization? Please describe preparations and results.

What particularly effective or innovative ideas been tried? Give examples.

Messages and Materials:

What media/materials/messages are used to support public participation in routine and special immunization and surveillance? How are decisions made on which media/materials/messages to use?

Is there a technical review of messages?

Are there routine procedures for pretesting of messages and materials? If not, why? To what extent are materials and messages pretested and revised?

How accurate, understandable, motivating, relevant to the audience, and important are messages (on immunization and vitamin A) currently being disseminated in print, broadcast, and counseling?

How appropriate do current media and materials appear to be for reaching and convincing audiences? For addressing rumors?

Would materials have a greater reach if they were available in different languages?

Please explain.

What particularly effective or innovative ideas been tried? Give examples.

Hard to Reach

Have hard-to-reach groups (with difficult geographical or communication access; e.g., urban poor, nomads, illiterates, people with no access to electronic media) been identified? How?

Who and where are these groups?

What is the program's understanding of why they are hard to reach?

What if any special efforts are being made to reach the hard to reach for routine immunization and NIDs?

When was the last time the EPI analysed the location and nature of the hard to reach?

Has the program developed a strategy to reach them? What is it? Is it being implemented?

What particularly effective or innovative ideas been tried? Give examples.

Hard to Convince

Have hard-to-convince groups (who resist participation due to their attitudes, beliefs, negatives experiences, etc.) been identified? How?

Who and where are these groups?

What is the program's understanding of why they are hard to convince?

What if any special efforts are being made to reach the hard to convince for routine immunization and NIDs?

When was the last time the EPI analysed the location and nature of hard to convince groups?

Has the program developed a strategy to reach them? What is it? Is it being implemented?

What particularly effective or innovative ideas been tried? Give examples.

Dropouts

What is the dropout rate from BCG to measles? If it is over 10%, has the program analysed why? Is the program monitoring the dropout rate? What steps have been/are being taken to reduce it?

Research Support to SM/Communication/Advocacy Activities

Formative Research

What formative research activities have been undertaken in order to better define behavioral obstacles to higher coverage and ways of overcoming them?

What capabilities are there to conduct such research both within and outside of the MOH?

What have studies revealed about barriers to higher coverage? What are the constraints of mothers/caretakers? Of health workers? What are the most effective motivations for mothers/caretakers? For health workers?

Supervision and Monitoring

How does the EPI monitor the effectiveness of its advocacy/social mobilisation/program communication activities?

Is the comprehension and retention of messages monitored? If yes, what are the findings?

What are some recent findings, and how have these been addressed?

How does the supervision system provide feedback on communication activities for immunization? What are the findings?

Evaluation

How does the EPI evaluate the effectiveness of its advocacy/social mobilisation/program communication activities?

What are some recent findings, and how have these been addressed?

How does the EPI evaluate the effectiveness of messages, materials, and media? What have findings been? Has the program acted on them?

Are posters extensively used, and has their effectiveness been evaluated? If yes, what were the findings and what actions resulted?

Has counseling by health workers (both the manner of counseling and the information given) been evaluated? If yes, what were the findings and what actions resulted?

Does it appear that health workers are giving messages that are informative, accurate, and motivating? Describe and give examples.

What information does the EPI have, and how was it obtained, on:

*care givers' and health workers' knowledge of specific vaccines, target age groups, the routine vaccination schedule, the purpose of NIDs, the relation of NIDs to routine immunization;

*care givers' most credible and most frequent sources of information on NIDs and routine immunization.

Is there any objective or impressionistic information on the effectiveness or cost-effectiveness of advocacy, SM, and program communication activities in support of routine immunization, NIDs, and surveillance? Is yes, how has the information been used to re-orient activities?

Are lessons learned from the first NID used to improve messages, media and strategies for the second round? Please explain.

District-Level SM/Communication Activities

Typical Districts

What are typical district-level SM/communication activities?

To what extent are actions determined and planned at the district level?

How active are districts in involving local partners? In conducting research? In developing messages and materials? In training?

To what extent do districts engage community, religious, and traditional leaders to support routine immunization, NIDs, and surveillance?

What is the typical level and expression of community participation in routine immunization, NIDs, and surveillance? Describe if and how community members: give advice about scheduling immunization session, help in identifying women and children who need immunizations, assist in immunization sessions, support health center immunization activities with labor, donations or cash.

What particularly effective or innovative ideas been tried? Give examples.

Best and Worst Districts

For the two districts visited [one well-performing, one poorly performing], answer the same questions.

What are the explanations for the variations in effectiveness among districts?

What is preventing more effective SM/communication activities at the district level?

What is contributing to effective SM/communication activities at the district level?

Areas of Conflict

If the country has been involved in internal or external conflict in the past few years, how has this affected the EPI and its ability to reach its goals?
What has been done in advocacy, SM, and program communication to address these added problems?
Have NGOs or international media been used to reach both sides? Please explain/ describe.
What has been particularly effective or innovative?
What are the major constraints to more progress?
What actions are planned? What additional actions might be planned with more internal or external resources?

Abbreviations:

AFP - acute flaccid paralysis, a category that includes polio
BCG - vaccine for tuberculosis
EPI - Expanded Program on Immunization
MOH - Ministry of Health
NIDs - National Immunization Days
SM - social mobilisation